



# Consultant Prequalification Form

**Type of Request** (select one)

Initial Prequalification

Renewal

Modification of Key Personnel Update

**Consultant Firm Information** (identified as "Firm" in the remainder of application)

Firm Name				FYE Date	Number of Employees
Address					
City		State	Zip Code		County
Phone		Fax		Company Web Site	
Remit to Address					
City		State	Zip Code		County
Phone			Fax		
Statewide Vendor Number (SWV) for Remit to Address			Federal Tax ID Number or Social Security Number		
Unified Business Identifier Number (UBI)			Date Universal Numbering System (DUNS) Number		
Year Firm Established		UDBE/SBE/MSVWBE Certification Number		NAICS Code & Code Name	
Financial Contact			Email		
Firm Type Sole Proprietor   Partnership   C-Corp   Limited Partnership   Subchapter S Corp.   Limited Liability Company					
Annual Gross Receipt \$0 to \$1 Million   \$1 Million to \$5 Million   \$5 Million to \$10 Million   \$10 Million to \$15 Million   over \$15 Million					

**Firm Name:** Please **do not** use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

**Federal Tax ID Number:** Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

**Unified Business Identifier (UBI) Number:** Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Subconsultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

**Statewide Vendor (SWV) Number:** The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

**FYE Date:** Your firm's fiscal year end date.

**UDBE/SBE/MSVWBE Certification:** If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at [www.omwbe.wa.gov](http://www.omwbe.wa.gov).

**It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.**

## Technical Prequalification Categories

Category descriptions can be found on the on the advertisement web page.  
Check box for each work type for which prequalification is sought:

Construction Management and Inspection Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Construction Materials Testing Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Cost Risk Assessment and Risk Analysis Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Facilities Architectural Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Facilities Civil Engineering Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Facilities Mechanical and Electrical Engineering Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Facilities Structural Engineering Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Geophysical

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Geotechnical

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Other Subconsultant Work

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

OYO Suspension Logging

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Rail, Freight, and Ports - Engineering, Operations, and Planning Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Special Structures Engineering Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Subject Matter Expert (SME) Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Subsurface Utilities Engineering (SUE) Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Surveying Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Traffic Engineering Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Transportation Design Plans Specs and Estimate Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Transportation Studies Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Unstable Slopes

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Value Engineering Services

Project Manager: \_\_\_\_\_ Email: \_\_\_\_\_

## Professional Certifications and Licenses

Number of licensed engineers/surveyors currently employed by Firm (excluding temporary employees).

Licensed Professional Engineers: In Washington \_\_\_\_\_ Outside of Washington \_\_\_\_\_

Licensed Surveyors: In Washington \_\_\_\_\_ Outside of Washington \_\_\_\_\_

## Certification

By signing below and submitting this application, the applicant certifies that all statements and supporting documentation submitted in this application package are true and correct and include all material information necessary to identify and explain the operations of the applicant. Applicant hereby authorizes and requests any person, agency or firm to furnish any pertinent information requested by the Washington State Department of Transportation deemed necessary to verify the statements made in this application. This certification constitutes a material representation. Any misrepresentation will be grounds for denying or revoking prequalification and for initiating action under federal or state laws concerning false statements.

Signature

Title

Date

## Submittal

Complete the "WSDOT Consultant Prequalification" form and submit to the email address below. The application must be submitted as an Adobe Reader compatible (pdf) file. Faxed applications will not be accepted.

Submittal email address: [CSOSubmittals@wsdot.wa.gov](mailto:CSOSubmittals@wsdot.wa.gov)

Any questions regarding this advertisement should be directed to WSDOT's Headquarters Consultant Services Office at [CSOSubmittals@wsdot.wa.gov](mailto:CSOSubmittals@wsdot.wa.gov) or 360-704-6397.

## Next Steps

WSDOT Consultant Services Office (CSO) will notify you when your firm's prequalification application has been accepted. Following acceptance of this application, your firm will be required to provide financial documentation and execute a Master Pricing Agreement before your firm will be eligible to work. Required documentation includes:

- Master Pricing Agreement document
- Indirect Cost Rate (ICR) documentation
- Crosswalk of Firm's employee labor classifications to WSDOT's standard labor classification listing
- Wage Theft Prevention Contractor Certification Form

## **Feedback - Help Us Help You**

Please provide any comments you may have regarding WSDOT's Prequalification program. With your help the Department will continue to improve this process.